## Declaration and Power of Attorney Under Patent Cooperation 10/531208 Under Patent Cooperation 14 APR 2005 35 USC §371(c)(4)

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural names are named below) of the invention entitled: Photoresist Base Material, Method for Purification thereof, and Photoresist Compositions described and claimed in the international application number PCT/JP03/11137 filed September 1, 2003 and as amended on Feb. 3, 2004 (if any), the specification and claims of which I have reviewed and understand and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

Japanese Patent Application No. 2002-300144 filed on October 15, 2002 and Japanese Patent Application No. 2003-112458 filed on April 17, 2003

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the patent office:

Roger W. Parkhurst, Reg. No. 25,177; and/or Charles A. Wendel, Reg. No. 24,453.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO: PARKHURST & WENDEL, L.L.P., 1421 PRINCE STREET, SUITE 210, ALEXANDRIA, VIRGINIA. 22314-2805, TELEPHONE (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3.	Full Name of Sole or First Inventor	Mitsuru		UEDA		
		Given Name	Middle Initial	Family Name		
<b>*</b> 4.	Inventor's Signature	<b>*</b>	Milsun Uela			
	Date of Signature	<b>F</b>	March L 2005			
5.	Residence Meguro-	Month ku,	Tokyo, Day	<b>Year</b> Japan		
	City		State or Province	Country		
7.	Citizenship Japane	se		•		
3.	Post Office address		c/o Tokyo Institute of Technology,			
	(Insert complete mailing address, including cou		2-12-1, Ookayama, Meguro-ku, Tokyo 152-8550 Japa			

\*IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE⊠.

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

3 Typewritten Full Name of		11 d == d == l = d	F.F	·	
Second Joint Inventor (if any)		Hirotoshi		TSHIP	
		Given Name	Middle Initial	Family Name	
Inventor's Signature		Dirotoshi	Colin		
Date of Signature	February		25		2.005
· · · · · · · · · · · · · · · · · · ·	Month		Day		Year
ResidenceIC	hihara-	shi, Chiba,	. IXX	Japan	
Citizenship Japanese	City	State or Pro	vince !	Country	
Citizenship	<del></del>			•	
Post Office Address (Insert complete mailing address, including country)		Anesakikaigan,	Ichihara-shi,	Chiba 299-0193	3 Japai
Typewritten Full Name of Third Joint Inventor (if any)					
		Given Name	Middle Initial	Family Name	
Inventor's Signature				·	
					<del></del>
Date of Signature	Month		Day		
D 11			Day		Year
Residence	City	State or Prov	ince		
Citizenship	<u> </u>	State of 110V	ince	Country	
Post Office Address (Insert complete mailing address, including country)					
Typewritten Full Name of Fourth Joint Inventor (if any)					
		Given Name	Middle Initial	Family Name	
Inventor's Signature ==					
Date of Signature	Month				
	Month		Day		Year .
Residence	City			·	
Citizenship	City	State or Provi	ince	Country	
Post Office Address (Insert complete mailing					
address, including country)			· · · · · · · · · · · · · · · · · · ·		
Typewritten Full Name of ifth Joint Inventor (if any)					
,		Given Name	Middle Initial	Family Name	-
nventor's Signature				-	•
Date of Signature	Month		Day		
			Day		Year
Residence	City	Canal D. ·			
Citizenship		State or Provi	nce	Country	
Post Office Address					
(Insert complete mailing			·		
address, including country)		ally as it appears in line 3 and	· · · · · · · · · · · · · · · · · · ·		

<sup>\*</sup>Note to inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 3.

\*\*This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.